| I N | Agenc | y Nam | | NSTON-SALE | IN | NCIDENT/INVESTIGATION REPORT | | | | | OCA 2412533 | | | | | | | | |
|---|---|-------------------|--------------------|------------------------------------|-------------------|---------------------------------|---------------------------------------|-----------------------------------|--|---------|--|--------------------|--|--|--------------------------------|--------------------|---------|--------------------------|--|
| C | ORI | NC | NC 034 | 10200 | | | KLFOKI | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time 04 11 2024 10:41 Hrs. | | | | | |
| D E | 10 | | | | | □ At | | At Found | Idiv | d 다 w | ∓ F S | 04 | | | 24 10 S M : | | | | |
| N | #1 | Crime Incident(s) | | | | | | | | lonth | Day Yr | Т | 'ıme | | | n Secure Day Yr | Tin | ne | |
| T | | Crime I | ncident | <i>тајјіс Ассіаені-</i> | ысышет-рр От F va | | | | \square Com 04 11 2024 $10:41$ | | | | | s} 04 | 1 | 1 2024 | 10: | se Tract | |
| D A | #2 | | | | | | | Com 646 W Fifth St, Winston-salen | | | | | | | | | | | |
| T | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type | | | | |
| A | Com | | | | | | | | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes | X N/A | Wea | apon / Tools | | | |
| | No | | | | | | | | | | | | | | | l Use· | | | |
| | | icums | J * * | ☐ Person ciety ☐ Governm | _ | Business | inancial Institu | ute | | 1 . | ☐ None Broken Bone | | | _ | | _ | | | |
| V | 0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | | | | |
| I C | | | | | | | | | | | | | | | | Relationshi | p Res | ident Status | |
| T | V1 | | DA' | TA OMITTED | | | | | | | Crime # | | | | | To Offende | | Resident Non-Resident | |
| I M | | | Dii | 171 OMITTED | | | | | | | | | | | | | | Unknown | |
| IVI · | Home | e Addre | ess | | ATA OMI | ГТЕD | | | | | | | Home Phone | | | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | Color Lic/Lis V | | | | | | Vin | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered if recovered for oth | D = er ju | Damaged risdiction) | Z = Seized | B = B | urned | . C = C | ounterfeit / F | orged | F = Foun | ıd | | | | | |
| | Victim # | DCI | Status | Value | QTY | | Property Description | | | | | | | ce/Mo | del | Serial N | lumber | | |
| | 1 35 4 1 FEN | | | | | | | ENCE | | | | | | | | Е | ATA (| OMITTED | |
| P . | 1 | 77 | HANDICAP S. | ANDICAP SIGN | | | | | | | FOR | | | | | | | | |
| | | | | | | | | | | | | INFORMATION | | | | | | | |
| R. | | | | | | | | | | | | | | | | | | URITY | |
| O P . | | | | | | | | | | | | | | | | | PUR | POSES | |
| E · | | | | | | | | | | | | | | | | | NT X/7 | THE EXPORE | |
| R. | | | | | | | | | | | | | | | | | | THE FIRST | |
| Т Ү. | | | | | | | | | | | | | | | | TWE | | ROPERTY | |
| | | | | | | | | | | | | | | | | | | MS ARE AYED ON | |
| | | | | | | | | | | | | | | | | | | EPORTS | |
| | | | | | | | | | | | | | | | | 1 2 C K | LI OKIS | | |
| - | Numb | er of V | ehicles S | Stolen 0 | No | mher Vehi | cles Recovere | d 0 | | | | | | | | | | | |
| | Office | | cincies S | Stolen <i>U</i> | | moer veill | Officer Sig | | | | | П | Supervisor | Signat | ure | | | | |
| ID | | | J. W. (| | | Officer 51g | gnature Supervis (0) | | | | | | , Dignature | | | | | | |
| | | | Signatur | | | | Case Status | Case Disposition: | | | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ X Closed | ive /Cleare | d | | ☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death o | l by Ar l by Ar | ☐ Loc rest ☐ rest by And nder ☐ | Refuse other Ag | gency | ooperate | | age 1 | |